Oct. 8. 2014 2:51PM	No. 62/9 P. 4/20
STATE OF SOUTH CAROLINA	252860
(Caption of Case) Example: Application for a Class C Charter Certificate from	) BEFORE THE ) PUBLIC SERVICE COMMISSION ) OF SOUTH CAROLINA
John Doe dba Doe's Limo  Extreme Medical Transport of the Carolinas, LLC  (Please type or print)  Submitted by:  Address: 2538 HWY 301 S  SUITE C  DILLON SC 29536	TRANSPORTATION COVER SHEET  DOCKET NUMBER: 2014 402 - 1  If this is your first time filling an application with the PSC, you will not have a Docket Number. The Commission will assign one to you. If you have filed with the Commission before, a Docket Number was assigned and should be entered above.  Telephone:  843-774-41174  Fax: Other: Email:
	- Duran.
NOTE: The cover sheet and information contained herein neither repaired by law. This form is required for use by the Public Services.	places nor supplements the filing and service of pleadings or other papers vice Commission of South Carolina for the purpose of docketing and must
NOTE: The cover sheet and information contained herein neither repaired by law. This form is required for use by the Public Service filled out completely.	places nor supplements the filing and service of pleadings or other paners
NOTE: The cover sheet and information contained herein neither repaired by law. This form is required for use by the Public Service filled out completely.	places nor supplements the filing and service of pleadings or other papers vice Commission of South Carolina for the purpose of docketing and must
NOTE: The cover sheet and information contained herein neither repute the state of the Public Service filled out completely.  NATURE OF ACTION	places nor supplements the filing and service of pleadings or other papers vice Commission of South Carolina for the purpose of docketing and must ION (Check all that apply)
NOTE: The cover sheet and information contained herein neither reputs required by law. This form is required for use by the Public Service filled out completely.  NATURE OF ACTION  Application - Class A/A Restricted	places nor supplements the filing and service of pleadings or other papers vice Commission of South Carolina for the purpose of docketing and must ION (Check all that apply)  Request for Name Change on Certificate
NOTE: The cover sheet and information contained herein neither reputs required by law. This form is required for use by the Public Service filled out completely.  NATURE OF ACTION  Application - Class A/A Restricted  Application - Class C Taxi	places nor supplements the filing and service of pleadings or other papers vice Commission of South Carolina for the purpose of docketing and must  ION (Check all that apply)  Request for Name Change on Certificate  Request to Amend Scope of Authority
NOTE: The cover sheet and information contained herein neither repaired by law. This form is required for use by the Public Service filled out completely.  NATURE OF ACTION  Application - Class A/A Restricted  Application - Class C Taxi  Application - Class C Charter  Application - Class C Charter Bus	places nor supplements the filing and service of pleadings or other papers vice Commission of South Carolina for the purpose of docketing and must ION (Check all that apply)  Request for Name Change on Certificate Request to Amend Scope of Authority Request to Amend Tariff (rate increase, etc.) Request to Amend Passenger Limit
NOTE: The cover sheet and information contained herein neither repaired by law. This form is required for use by the Public Service filled out completely.  NATURE OF ACTION  Application - Class A/A Restricted  Application - Class C Taxi  Application - Class C Charter  Application - Class C Charter Bus  Application - Class C Non-Emergency	places nor supplements the filing and service of pleadings or other papers vice Commission of South Carolina for the purpose of docketing and must ION (Check all that apply)  Request for Name Change on Certificate Request to Amend Scope of Authority Request to Amend Tariff (rate increase, etc.) Request to Amend Passenger Limit Request
NOTE: The cover sheet and information contained herein neither repaired by law. This form is required for use by the Public Service filled out completely.  NATURE OF ACTION  Application - Class A/A Restricted  Application - Class C Taxi  Application - Class C Charter  Application - Class C Charter Bus  Application - Class C Non-Emergency	places nor supplements the filing and service of pleadings or other papers vice Commission of South Carolina for the purpose of docketing and must ION (Check all that apply)  Request for Name Change on Certificate Request to Amend Scope of Authority Request to Amend Tariff (rate increase, etc.) Request to Amend Passenger Limit
NOTE: The cover sheet and information contained herein neither report required by law. This form is required for use by the Public Service filled out completely.  NATURE OF ACTION  Application - Class A/A Restricted  Application - Class C Taxi  Application - Class C Charter  Application - Class C Charter Bus  Application - Class C Non-Emergency  Application - Class C Stretcher Van	places nor supplements the filing and service of pleadings or other papers vice Commission of South Carolina for the purpose of docketing and must ION (Check all that apply)  Request for Name Change on Certificate Request to Amend Scope of Authority Request to Amend Tariff (rate increase, etc.) Request to Amend Passenger Limit Request Exhibit
NOTE: The cover sheet and information contained herein neither repose required by law. This form is required for use by the Public Service filled out completely.  NATURE OF ACTION  Application - Class A/A Restricted  Application - Class C Taxi  Application - Class C Charter  Application - Class C Charter Bus  Application - Class C Non-Emergency  Application - Class C Stretcher Van  Application - Class E Household Goods	places nor supplements the filing and service of pleadings or other papers vice Commission of South Carolina for the purpose of docketing and must ION (Check all that apply)  Request for Name Change on Certificate Request to Amend Scope of Authority Request to Amend Tariff (rate increase, etc.) Request to Amend Passenger Limit Request Exhibit Late-Filed Exhibit
NOTE: The cover sheet and information contained herein neither reps required by law. This form is required for use by the Public Service filled out completely.  NATURE OF ACTION  Application - Class A/A Restricted  Application - Class C Taxi  Application - Class C Charter  Application - Class C Charter Bus  Application - Class C Non-Emergency  Application - Class C Stretcher Van  Application - Class E Household Goods  Application - Class E Hazardous Waste	places nor supplements the filing and service of pleadings or other papers vice Commission of South Carolina for the purpose of docketing and must ION (Check all that apply)  Request for Name Change on Certificate Request to Amend Scope of Authority Request to Amend Tariff (rate increase, etc.) Request to Amend Passenger Limit Request Exhibit Late-Filed Exhibit Letter
NOTE: The cover sheet and information contained herein neither repose to required by law. This form is required for use by the Public Service filled out completely.  NATURE OF ACTION  Application - Class A/A Restricted  Application - Class C Taxi  Application - Class C Charter  Application - Class C Charter Bus  Application - Class C Non-Emergency  Application - Class C Stretcher Van  Application - Class E Household Goods  Application - Class E Hazardous Waste  Application	places nor supplements the filing and service of pleadings or other papers vice Commission of South Carolina for the purpose of docketing and must ION (Check all that apply)  Request for Name Change on Certificate Request to Amend Scope of Authority Request to Amend Tariff (rate increase, etc.) Request to Amend Passenger Limit Request Exhibit Late-Filed Exhibit Letter Proposed Order Publisher's Affidavit Reservation Letter
NOTE: The cover sheet and information contained herein neither reposed for the public Service filled out completely.  NATURE OF ACTION  Application - Class A/A Restricted  Application - Class C Taxi  Application - Class C Charter  Application - Class C Charter Bus  Application - Class C Non-Emergency  Application - Class C Stretcher Van  Application - Class E Household Goods  Application - Class E Hazardous Waste  Application  Request for Extension to Comply with Order  Request for Order Granting Authority to Obtain a Certifica	places nor supplements the filing and service of pleadings or other papers vice Commission of South Carolina for the purpose of docketing and must ION (Check all that apply)  Request for Name Change on Certificate Request to Amend Scope of Authority Request to Amend Tariff (rate increase, etc.) Request to Amend Passenger Limit Request Exhibit Late-Filed Exhibit Letter Proposed Order Publisher's Affidavit Reservation Letter Response
NOTE: The cover sheet and information contained herein neither repass required by law. This form is required for use by the Public Service filled out completely.  NATURE OF ACTION  Application - Class A/A Restricted  Application - Class C Taxi  Application - Class C Charter  Application - Class C Charter Bus  Application - Class C Non-Emergency  Application - Class C Stretcher Van  Application - Class E Household Goods  Application - Class E Hazardous Waste  Application  Request for Extension to Comply with Order  Request for Order Granting Authority to Obtain a Certification of Public Convenience and Necessity to be Rescinded	places nor supplements the filing and service of pleadings or other papers vice Commission of South Carolina for the purpose of docketing and must ION (Check all that apply)  Request for Name Change on Certificate Request to Amend Scope of Authority Request to Amend Tariff (rate increase, etc.) Request to Amend Passenger Limit Request Exhibit Late-Filed Exhibit Letter Proposed Order Publisher's Affidavit Reservation Letter

2.

### PUBLIC SERVICE COMMISSION OF SOUTH CAROLINA

101 Executive Center Drive, Suite 100 Columbia, South Carolina 29210

(Mailing address: Post Office Drawer 11649, Columbia, SC 29211)

Phone: (803) 896-5100

Fax: (803) 896-5199

# APPLICATION FOR CERTIFICATE OF PUBLIC CONVENIENCE AND NECESSITY FOR OPERATION OF MOTOR VEHICLE CARRIER

CLASS C - NON-EMERGENCY Date	10-07-2014
Application is hereby made for a Certificate of Public Convenience and N of S.C. Code Ann., § 58-23-10, et seq. (1976), and amendments thereto.	ecessity, in accordance with the provision
1. Name under which business is to be conducted (corporation, partnership, or so EXTREME MEDICAL TRANSPORT OF THE	ole proprietorship, with or without trade name.) CAROLINAS, LLC
2538 HWY 301 S SUITE C DILLO	N SC
Street Address of Applicant	
M. II.	
Mailing Address of Applicant (if different from	street address)
843-774-4117 Phone	843-774-4194
rnone	Fax
jameswoods1@att.net	
Email Address	
<ul> <li>If the Applicant is an LLC or a corporation, a copy of the Certificate of E Secretary of State and the Articles of Incorporation must be attached. (If in Carolina Secretary of State "Foreign Corporation" Certificate.)</li> <li>Select Entity Type: (Check one)</li> <li>Individual Owner/Sole Proprietorship</li> </ul>	xistence from the South Carolina dorporated outside of SC, attach South
Partnership - List names and address of all person having an intere	st in the business
Corporation - List names and addresses of two principal officers.	of in the business.
1 of 9	

Applicant is financially able to furnish the services as specified in this application and submits the following statement of assets and liabilities.

### **BALANCE SHEET**

	Balance at Time Application is Filed:
	Month Year
Assets:	
Cash	
Receivables	
Real Estate	
Buildings and Equipment (Net)	
Motor Vehicles (Net)	
Garage Equipment (Net)	
Machinery and Tools (Net)	
Supplies on Hand	
Prepaids and Other Assets	
Total Assets *	
Liabilities and Equity:	
Accounts Payable	
Notes Payable	
Mortgages Payable	
Equipment Obligations	
Accrued Salaries and Wages	
Other Accrued Obligations	
Other Liabilities	
Total Liabilities	
Capital Stock	
Retained Earnings	
Total Equity	
Total Liabilities and Equity *	

<sup>\*</sup> Total Assets = Total Liabilities and Equity

# FINANCIAL STATEMENT Anderson Brothers Bank, P.O. Box 310, Mullina, SC 29574

	10/31/13		ľ				ľ		
Type of Credit	BUSINESS		Ruginania						
Name	JAMES L WOODS		pusiness/Occ	upatio	A BANK ALADIAN EN	unen	SED CARS		
14ame	EMILE VIOODS		Social Security				4/10		
Address	4313 SOUTHBOROU		•				Birth	3/3/70	
-corest	- TO SOUTHBOROU	GH RD				No.	h Danner		
City, State Zip	ELOGENCE DO				<b>-</b>		of Depende		
	FLORENCE, SC 295	01			_		Ome Phone		
Cash On Head	<del></del>					DU	siness Pho	ne .	
Cash On Hend and in B.			440,000						·
Cash Surrender Value o	f Life insurance				Notes Payable to Banks			232,000	
Stocks, Bonds, US Gov	t, Other Marketable Secur	lina	6,000		Loans Against Life Insura	nce P	licies		
A POSTITION AND PROPERTY.	bie		717.00		Brokers Margin Accounts				<del></del>
Accounts/Notes Receive	ble From Relatives & Frie		215,000		Accounts/Notes Payable				
Other Assets Readily Co	nvertible to Cash-Itemize	-			Accounts/Notes Payable to	Reta	ives & Friend	10	
					Accounts/Notes Due to Oth	iers	3.7.770410	-	
					Contracts Payable			<del></del>	
					Credit Card Balance				
<u></u>					Lease Obligation				<del></del>
7-1-1-2								<del></del>	<del></del>
Total Current Assets			661.000		Texes Accrued but Unpeld-	Feder	Al (Income)		
0-1-		_	391,000		Exes Accrued but Unpaid.	State	Income		
Real Estate Owned		_	200 000		Other Unpaid Taxes (Acons	d Pay	roli Taxes)	<del></del>	<del></del> -
Automobiles		_	790.000		teal Estate Mortgages Dua			100 000	
Other Personal Property		$\dashv$	135,000	^	utomobile Notes Due			180,000	<del> </del>
Mortgages & Contracts Ov	Vned			0	ther Personal Property Not	ee Du	•	<del></del>	
Securities Not Readily Mar	ketable			0	ther Liebilities Due Within	1 Year	iltémize	<del></del>	
Accounts/Notes Receivable	-Daubitul			~- -				<del></del>	<b>-</b> -
Other Assets-Itemize								<del></del>	
		$\rightarrow$		<u> Li</u>	ens & Assessments Payabl				_
				0	her Oebts-Itemize	-		+	
			<del></del>			_		<del> </del>	
		<del></del>				~		<del> </del>	
				To	tel Liebillies	_		<del> </del>	_
otal Assets		<del></del>			Worth (Total Assets minus	7.4	I I de britan est	412,000	
						- 40	ringuil(fet)	1,174,000	4
			1,586,000	Tot	al Liabilities & Net Worth	- 1			
	Annual Income	_ <u></u>	1,586,000	Tot	al Liebilities & Net Worth			1,586,000	
elary, Bonuses & Commiss	Annual Income			Tot	ar Liabilities & Net Worth		iman) Ber	1,586,000	
	Annual Income ions (net from Business)	<del>-</del>	93,000		ar Liabilities & Net Worth		inual Expen	1,586,000	
ntal & Legge Income	Annual Income ions (net from Business)	<del>-</del>		ince	Estimate		musi Excen	1,586,000	
ntal & Legge Income	Annual Income			ince Oth	Estimate  Properties  France  France  France  France  France  France  France  France		Inual Expen	1,586,000	
ntal & Legge Income	Annual Income ions [net from Business]			inco Oth insu Mor	Estimate  Proces		mual Expen	1,586,000	
intel & Legge Income ther Income Itemize	ions (net from Business)			inco Oth insu Mor	Estimate		nual Expen	1,586,000	
ntal & Leggs Income her Income Itemize	ions (net from Business)			ince Oth inau Mort	Estimate  Proces		inual Excen	1,586,000	
ntal & Leggs Income her Income Itemize	ions (net from Business)			ince Oth inau Mort	Estimate programma Estimate  France Programma Es		Inual Excen	1,586,000	
intal & Legge Income her Income Itemize	ions (net from Business)			incc Oth inay Morr Rent Note	Estimate  Taxes  France Premiuma  Rage Payments  Payments  Payments		Inual Excen	1,586,000	
PRISE LESSO INCOME  THE INCOME - ILEMIZE  HAVE THE SUPPORT OF SEPARATE MEAN A FOR MANY A	ions (net from Business) ienance stepme need not be badered as a liens for supsying his			incc Oth inay Morr Rent Note	Estimate programma Estimate  France Programma Es		nual Excen	1,586,000	
Prisal & Legge Income Ther Income - Lightize There income - Lightize There is the Support of Separate mentioned you do not wish to have a root page on the separate mentioned to the separate mentioned	ions (net from Business)  Innerce signing need not be septered as a lipsus for supsying this			incc Oth inay Morr Rent Note	Estimate  Taxes  France Premiuma  Rage Payments  Payments  Payments		Inual Excen	1,586,000	
Partial & Legge Income Ther Income Itemize There income Itemize There income Itemize There income Itemize There is no income in the name of the income incom	ione (met from Business)  lenance sicome need not be partered as a lipsus for supaying this series of the supaying the			incc Oth inay Morr Rent Note	Estimate  Taxes  France Premiuma  Rage Payments  Payments  Payments		nual Excen	1,586,000	
Intal & Legge Income Rear Income Itemize  Interpretation of Separate Meniated dyou do not wish to have a consistent  de the following information only due or Person's Selery, Bonuse	ione (met from Business)  lenance sicome need not be partered as a lipsus for supaying this series of the supaying the			incc Oth inay Morr Rent Note	Estimate  Taxes  France Premiuma  Rage Payments  Payments  Payments		Inual Excen	1,586,000	
her Income Itemize her Income Itemize her Income Itemize her Income Itemize her, Chia Support or separate mentioned from do not wish to have it consisted in the income itemized in Income Itemized Itemized Item	ione (net from Business)  lenance victime need not be specified as a lipsys for supsying this series of Cooking splecied above at Cooking splecied above			incc Oth inay Morr Rent Note	Estimate  Taxes  France Premiuma  Rage Payments  Payments  Payments		Inual Excen	1,586,000	
Prisal & Legge Income ther Income - Hemize ther Income - Hemize there income - Hemize there is you do not easily to have a constant the bis following information only if Je ar Persons Selery, Bonuse or Persons Other Income - He there is the incom	ione (net from Business)  Jensince significance need not be spalered as a typic for suppying this spalered as a typic for suppying this spalered as a typic for suppying this spalered aspect of a Commissions  6 & Commissions			incc Oth inay Morr Rent Note	Estimate  Taxes  France Premiuma  Rage Payments  Payments  Payments		Inual Expen	1,586,000	
mal & Legge Income from Income Itemize  any, Chia Support or separate men- alized it you do not wish to have a con- about de the following information only if Je ar Persons Salary, Bonuse ar Persons Other Income-It any, Chial Support	ione (net from Business)  Jensince significance need not be spalered as a typic for suppying this spalered as a typic for suppying this spalered as a typic for suppying this spalered aspect of a Commissions  6 & Commissions			incc Oth inay Morr Rent Note	Estimate  Taxes  France Premiuma  Rage Payments  Payments  Payments		Inual Expen	1,586,000	
intal & Legge Income her Income-Itemize her Income-Itemize her Income-Itemize her Income-Itemize her Income-Itemize her Income-Itemize her Persons Salary, Bonuse or Persons Other Income-Ite her Chief Support	ione (net from Business)  Jensince significance need not be spalered as a typic for suppying this spalered as a typic for suppying this spalered as a typic for suppying this spalered aspect of a Commissions  6 & Commissions			incc Oth inay Morr Rent Note	Estimate  Taxes  France Premiuma  Rage Payments  Payments  Payments		Inual Expen	1,586,000	
intal & Legge Income ther Income Itemize  there is the income income income income  there is the income Itemize  th	ione (net from Business)  Jensince significance need not be spalered as a typic for suppying this spalered as a typic for suppying this spalered as a typic for suppying this spalered aspect of a Commissions  6 & Commissions			incc Oth inay Morr Rent Note	Estimate  Taxes  France Premiuma  Rage Payments  Payments  Payments		nual Expen	1,586,000	
Partial & Legge Income Ther Income - Hemize There Income - Hemize The Bupport or separate mentalized in you do not wish to have a consisted in you do not wish to have a consistent of the Income - Herman - Herma	lenance victime need not be selected as a transport this selected above a Gommissione lending the selected and			ince Oth Inau Mort Renn Note	Estimate  Payments  Payments  Payments  Payments  Payments	ec Ar	nual Expen	1,586,000	
PATABLE PLANNERS	lenance storms need not be spatiered as a spatiered above a Commissions (Smiles) (Sm		93.000	incc Oth Inau Moor Reni Note Othe	Estimate  Payments  Payments  Payments  Payments  Expenses-Itemize	ec Ar		1,586,000	
mail & Legs Income Rer Income Itemize  eny, Chid Support as separate mentioned dyou do not wish to have a consistent de the following information only of January ar Persons Salary, Bonuse or Persons Other Income-It y, Chid Support or separate mainle and if you do not wish to have a come point.  Annual Income  Ty Assets Piedged?  Ou a Defondary in any Si	lenance storms need not be spatiered as a spatiered above a Commissions (Smiles) (Sm	No	93.000	incc Oth Inau Morr Reni Note Othe	Estimate  proces  proc	ec Ar	Inual Expen	1,586,000	
intal & Legge Income her Income Itemize her Income Itemize  Income  In	ions (net from Business)  Isnance victime need not be sentered as a lipsys for upsying this set Commissions  Isnance victime as a lipsys for upsying this set Commissions  Isnate victime as a lipsy to repaying this sentered as a lipsy for repaying this sentered information  Isnate or Legal action?		93,000	ince Othe Inau Mort Note Othe	Estimate  Payments  Payments  Payments  Payments  Payments  Carpenses-Itemize  Contignor on Mortgages  Page of Contracts	ec Ar		1,586,000	
Partial & Legge Income ther Income - Hemize ther Income - Hemize ther Income - Hemize there is not seen to see the have through the have throu	ions (net from Business)  Isnance victime need not be sentered as a lipsys for upsying this set Commissions  Isnance victime as a lipsys for upsying this set Commissions  Isnate victime as a lipsy to repaying this sentered as a lipsy for repaying this sentered information  Isnate or Legal action?	No	93.000	inco Oth Inau Mort Note	Estimate  Payments  Payments  r Expenses - Itemize	ec Ar		1,586,000	
Partial & Legge Income Ther income Itemize There income Itemize There income Itemize The income	ione (net from Business)  lensico vicome neod not be seriered as a lipsys for supsying this seri Creating seriected above e & Commissions  lemize  lenere vicome need nette stereo as a rises for renging this  leneral information  IRS or Legal action?	No No No	93.000	ince Othe Mort Renning Note Othe	Estimate  Payments  Payments  Payments  Payments  Contig  Tor on Mortgages  See of Contracts  Claims  Claims  Claims  Claims  Contracts	eci Arr	ADIIIII	1,586,000	
Oy a Defendant in any Su Explain Lyou been declared banks Explain	ions (net from Business)  lenance victime head not be spatered as a lipsys for supsying this set Commissions  amize  lenance victime head above  a & Commissions  amize  lence victime head in the states as a lipsys for supsying this states as a lipsy for supsying this supsying the supsying sup	No.	93.000	ince Othe Inau Morta Note Othe Total E Guaran On Legal ( Federa Other	Estimate  Payments  Payments  Payments  Payments  Payments  Contignor on Mortgages  See of Contracts  Payments  Payments  Payments  Payments	eci an	ablities	1,586,000	
Partial & Legge Income Ther Income - Itemize There Income - Itemize	ions (net from Business)  lenance victime head not be spatered as a lipsys for supsying this set Commissions  amize  lenance victime head above  a & Commissions  amize  lence victime head in the states as a lipsys for supsying this states as a lipsy for supsying this supsying the supsying sup	No.	93.000	ince Othe Inau Morta Note Othe Total E Guaran On Legal ( Federa Other	Estimate  Payments  Payments  Payments  Payments  Payments  Contignor on Mortgages  See of Contracts  Payments  Payments  Payments  Payments	eci an	ablities	1,586,000	
intal & Legge Income ther Income - Itemize ther Income - Itemize ther Income - Itemize ther Income - Itemize there income - Itemize there is you do not wish to have a consistency the the following information anny if us or Persons Salery, Bonuse or Persons Other Income-It ony Chief Suprort as apprette manter than you do not wish to have a consistency in Annual Income  Try Assets Pledged? Try Assets Pledged? Try Assets Pledged? Try Assets Pledged? Try Us a Defendant in any Su Explain Tyou been declared banks Explain	ions (net from Business)  lenance victime head not be spatered as a lipsys for supsying this set Commissions  amize  lenance victime head above  a & Commissions  amize  lence victime head in the states as a lipsys for supsying this states as a lipsy for supsying this supsying the supsying sup	No.	93,000	ince Othe Inau Morta Note Othe Total E Guaran On Legal ( Federa Other	Estimate  Payments  Payments  Payments  Payments  Payments  Contignor on Mortgages  See of Contracts  Payments  Payments  Payments  Payments	eci an	ablities	1,586,000	
intal & Legge Income ther Income - Itemize ther Income - Itemize ther Income - Itemize ther Income - Itemize there income - Itemize there is you do not wish to have a consistency the the following information anny if us or Persons Salery, Bonuse or Persons Other Income-It ony Chief Suprort as apprette manter than you do not wish to have a consistency in Annual Income  Try Assets Pledged? Try Assets Pledged? Try Assets Pledged? Try Assets Pledged? Try Us a Defendant in any Su Explain Tyou been declared banks Explain	ions (net from Business)  lenance victime head not be spatered as a lipsys for supsying this set Commissions  amize  lenance victime head above  a & Commissions  amize  lence victime head in the states as a lipsys for supsying this states as a lipsy for supsying this supsying the supsying sup	No.	93,000	ince Othe Inau Morta Note Othe Total E Guaran On Legal ( Federa Other	Estimate  Payments  Taponsos-itemize  Taponsos-itemize  Taponsos-itemize  Taponsos-itemize  Taponsos-itemize  Taponsos-itemize  Taponsos-itemize	eci an	ablities	1,586,000	

## Financial Statement-Itemization Schedules Anderson Brothers Bank

Name:	JAM	IES L. WOODS						j	D-4		
				-	<b>-</b>				Date:		10/31/
SCHEDULE	<u>s</u>		-	100	•						<i>-</i>
Schedule E	. Real E	state Owned. Inc	licate	√ if Others	Have Owne	rship Intere	st.				**************************************
Title in Na	1	Description	n	Date Acquired	Original Cost	Market	insurance		A	Aortgage	
MICCI		·		Acquired	Cost	Value	Carried	Maturity	Payment	Bai. Due	Payable To
IAMES L.		RESIDENCE/FLOR			·	350,000				180,000	AMERICAN
AMES L.		COMMERCIALID	ILLON	<u> </u>		175,000		<b>_</b>			
AMES L.		LOTS/DILLON				15,000	ļ				
MILO L.		7 RENTAL HOM	EŞ			250,000	ļ				
				Totals		790,000	<u> </u>	]	l	180,000	اِ
chedule F	Mortes	one and Contract						<del> </del>			
Contract	1 1	ges and Contract	Det	ned. Indica	tee v if Oth	ers Have Ov	vnership inte				<u>,                                      </u>
Mortgage	-11	Name		Addre	35	Property	Covered	Starting Date	Pymt	Maturity	Balance Due
	+1										
											.,
									l	Totals	
	748		· · · · · · · · · · · · · · · · · · ·						Ĺ	Totals	
chedule G.	Autom	obile & Other Per	sonal	Property, I	ndicatee √	if Others Ha	ve Ownersh	ip Interesi		Totals	
chedule G.	Autom	obile & Other Per	sonal	Property, I Acqui	ndicatee √		ve Ownersh t Value	ip interesi Loan B			
chedule G.			1 1	Property, I Acqui Date	ndicatee √ sition Cost			ــــــــــــــــــــــــــــــــــــــ			ayable Yo
chedule G.			1 1	Acqui	sition	Curren	t Value	Loan B	alance		ayable To
ADILLAC ERCEDES S	Descri	ption	1 1	Acqui	sition	Curren Auto	t Value	Loan B	alance		
ADILLAC	Descri	ption	1 1	Acqui	sition	Curren Auto 40,000	t Value	Loan B	alance		
ADILLAC ERCEDES S	Descri	ption	1 1	Acqui	sition	Auto 40,000 45,000	t Value	Loan B	alance		
ADILLAC ERCEDES S	Descri	ption	1 1	Acqui	sition	Auto 40,000 45,000	t Value	Loan B	alance		
ADILLAC ERCEDES S	Descri	ption	1 1	Acqui	sition	Auto 40,000 45,000	t Value	Loan B	alance		
ADILLAC ERCEDES S	Descri	ption	1 1	Acqui	sition	Auto 40,000 45,000	t Value	Loan B	alance		
ADILLAC ERCEDES S ERSONAL PI	Descri	ption Y	V	Date  Totals	sition Cost	Auto 40,000 45,000 50,000	t Value Other	Auto	Other	Loan P	
ADILLAC ERCEDES S ERSONAL PI	Descri	y Y Sills, and Con	v	Date  Totals	sition Cost	Auto 40,000 45,000 50,000	Other Other	Auto	Other	Loan P	
ADILLAC ERCEDES S ERSONAL PI	Descri	ption	tracts	Date  Totals	sition Cost	Auto 40,000 45,000 50,000	Other Other  and Insura Notes Due to Others	Auto	Other Other	Loan P.  Loan P.  Notes Due Relatives &	Contracts
ADILLAC ERCEDES S ERSONAL PI	Descri	y ts, Bills, and Con	tracts	Date  Totals  Payable (E	xcludes Ba	Auto 40,000 45,000 50,000 135,000	Other Other	Auto  Auto  nce Comp	Other Other	Loan P	
ADILLAC ERCEDES S ERSONAL PI	Descri	y ts, Bills, and Con	tracts	Date  Totals  Payable (E	xcludes Ba	Auto 40,000 45,000 50,000 135,000	Other Other  and Insura Notes Due to Others	Auto  Auto  nce Comp	Other Other	Loan P.  Loan P.  Notes Due Relatives &	Contracts
ADILLAC ERCEDES S ERSONAL PI	Descri	y ts, Bills, and Con	tracts	Date  Totals  Payable (E	xcludes Ba	Auto 40,000 45,000 50,000 135,000	Other Other  and Insura Notes Due to Others	Auto  Auto  nce Comp	Other Other	Loan P.  Loan P.  Notes Due Relatives &	Contracts
ADILLAC ERCEDES S ERSONAL PI	Descri	y ts, Bills, and Con	tracts	Date  Totals  Payable (E	xcludes Ba	Auto 40,000 45,000 50,000 135,000	Other Other  and Insura Notes Due to Others	Auto  Auto  nce Comp	Other Other	Loan P.  Loan P.  Notes Due Relatives &	Contracts
ADILLAC ERCEDES S ERSONAL PI	Descri	y ts, Bills, and Con	tracts	Date  Totals  Payable (E	xcludes Ba	Auto 40,000 45,000 50,000 135,000	Other Other  and Insura Notes Due to Others	Auto  Auto  nce Comp	Other Other	Loan P.  Loan P.  Notes Due Relatives &	Contracts
ADILLAC ERCEDES S ERSONAL PI	Descri	ets, Sills, and Con Other Obligo (if Any)	tracts	Totals Payable (E	xcludes Ba Credit Card Balances	Auto 40,000 45,000 50,000  135,000  nk, Mortgag Lease Obilgation	e and Insura Notes Due to Others (not banks)	Auto Auto Auto Account Payal	Other Other Oany Loan & Bill bie	Loan P.  Loan P.  Notes Due Relativas & Friends	Contracts Payable
ADILLAC ERCEDES S ERSONAL PI Chedule H. Payable the purpose of erity, in the mail uch financial oc	Descri	ts, Bills, and Con Other Obligo (if Any)	tracts    Nwe for	Totals  Totals  Totals  Totals	xcludes Ba Credit Card Balances  Ing as a true annot. The undersign	Auto 40,000 45,000 50,000 135,000  135,000 Lease Obligation	e and Insura Notes Due to Others (not banks)	Auto  Auto  Comp  Accounts  Payal  aricial conditi	Other  Other  Dany Loans & Bill bie	Loan P.  Notes Due Relativas & Friends	Contracts Payable
ADILLAC ERCEDES S ERSONAL PI Chedule H. Payable the purpose of erity, in the mail uch financial oc	Descri	y  Its, Bills, and Con Other Obligo (if Any)	tracts    Nwe for	Totals  Totals  Totals  Totals	xcludes Ba Credit Card Balances  Ing as a true annot. The undersign	Auto 40,000 45,000 50,000 135,000  135,000 Lease Obligation	e and Insura Notes Due to Others (not banks)	Auto  Auto  Comp  Accounts  Payal  aricial conditi	Other  Other  Dany Loans & Bill bie	Loan P.  Notes Due Relativas & Friends	Contracts Payable

# Financial Statement--Itemization Schedules Anderson Brothers Bank

Name:	JAMES	L. WOODS		<u> </u>				Date	:	10/3
CHEDULES	<del></del>									
chedule A. Ca	esh in B	anks and Note	s Due To Ba	nks (List Real E	state Loan	s in Schedul	a E / Aut	o Loans I	n Schedule (	31
Name of Ba		Type of Acco	t t	of Ownership	1	posit (Bal)	Notes	Due Bank (Bal)	S Type o	f Collatera Notes)
88		DDA/BUSINESS		4 Accounts		9,000			<del></del>	10.00/
88		D / Business		2 Accounts		101,000			<del></del>	<del></del>
BB		Business Loan			<del> </del>	101,000		152,000	<del>,  </del>	**************************************
38	E	Susiness Loan		**************************************	<del> </del>	<del></del>				
RION CTY CLERK OF	r COURT B	AIL BONDS DEP	OSIT		<del>                                     </del>	200,000	<del> </del>	80,00	<del>'</del>	CD
rst Citizens		accounts		** T * C ******************************		130,000	1		<del> </del>	
				Cash on Hand	1	130,000	1			
				Total		AĻUE!		232,000		
hedule B. Life	e insura	nce (List polic	ies that you	own)						
Compar		Face Value Policy	of Cas	h Surrender Value		oans et Policy	11	nual	Ben	eficiary
BERTY LIFE INS	SURANCE		,000	3,000	- Oham	st Policy	Pre	mium	-	
E OF GEORGIA		-	000	3,000	<del> </del>				<del>                                     </del>	
				5,000						
										₩.
			otal	6,000	<u></u>		1			
hedule C. Sec	turities (	Durnard (Innivers	ing Secolor 6	3						
escription		Registered		onds and US C	Gov't Secur Market	ities) Market	Value	Made	Value Not	
of Security	Listed	Name Of	1	ares (Stock) Face lue (Bonds)	Value Per Share	Market Securi	able	Readily	Value Not Marketable curities	Amount Pledged
<del></del>		E		į.		· · · · · · · · · · · · · · · · · · ·		200	30111100	
								381		
								341		
								341		
								34		
					Total			34		
edule D. Note	s and A	GCOUNTY Page			Total					
edule D. Nate	es and A		ivable (Mone	y Payable or Ov Balance Due	Total wed to You a Relatives	). Indicate /	if Others	Have Ov Maturity	vnership inte	rest.
	'   _	ccounts Recei	Balance Du	/ Frie	Total wed to You a Relatives	). Indicate √	if Others	Have Ov	vnership into	rest.
IOUS (MID WAY)	,   '   -		150,0	/ Frie	Total wed to You a Relatives	). Indicate /	if Others	Have Ov Maturity	vnership inte	rest.
IOUS (MID WAY)	,   '   -		Balance Du	/ Frie	Total wed to You a Relatives	). Indicate /	if Others	Have Ov Maturity	vnership inte	erest. of Security
nedule D. Note ime of Debtor IOUS (MID WAY) DUS (BAIL BONDS)	,   '   -		150,0	/ Frie	Total wed to You a Relatives	). Indicate /	if Others	Have Ov Maturity	vnership inte	erest. of Security
IOUS (MID WAY)	,   '   -		150,0	/ Frie	Total wed to You a Relatives	). Indicate /	if Others	Have Ov Maturity	vnership inte	erest. of Security

### PROPOSED RATES AND CHARGES FOR SERVICE

\$200.00 \$7.00	and Charges (List on \$1.80,00	ly maximum charges	s per mile or trip, and	or hourly rate):
Requested Scor You will only be authority if you	ne of Authority: Checle allowed to operate in a intend to operate in a	k all counties in which those counties check the counties in South (	ch you are requesting cked below. You may Carolina.	permission to operate.  request "Statewide"  Saluda
Aiken	Chester	Georgetown	Lexington	Spartanburg
Allendale	Chesterfield	Greenville	Marion	Sumter
Anderson	Clarendon	Greenwood	Mariboro	Union
Bamberg	Colleton	Hampton	McCormick	Williamsburg
Barnwell	Darlington	Horry	Newberry	York
Beaufort	Dillon	Jasper	Oconee Oconee	101K
Berkeley	Dorchester	Kershaw	Orangeburg	Statewide
Calhoun	Edgefield	Lancaster	Pickens	N pratowine
Charleston	Fairfield	Laurens	Richland	

### DESCRIPTION OF EQUIPMENT

You are not required to own a vehicle to file an application. However, prior to being issued a certificate by ORS, you will be required to have obtained a vehicle.

Maximum Number of Passengers Vehicle is Equipped to Carry: (The number of passengers a vehicle is equipped to carry is based on the number of seatbelts in the vehicle, including the driver's seatbelt.)

□ 1-7 Passengers, including driver

8-15 Passengers, including driver

### **INSURANCE QUOTE**

This form MUST BE COMPLETED AND SIGNED by an AUTHORIZED INSURANCE COMPANY REPRESENTATIVE. The insurance quote must be complete, listing current insurance premiums. At the discretion of the Commission, a copy of current insurance policies may be required. Do not provide a copy of insurance policies unless requested. You will not be required to purchase insurance until your application has been approved and an order has been lasted by the PSC. THIS IS ONLY A QUOTE,

The following insurance quote is for:		
EXTREME MEDI	ICAL TRANSPORT OF THE CA	ROLINAS LLC
	Name of Applicant	
2538 HV	VY 301 S SUITE-C DILLON SC	29536
	Address of Applicant	
Amount of Pramium:  Liability Insurance \$ 500000000000000000000000000000000000	#11 404,000 12	•
Minimum Limits - Bodily injury and prothan the following:	operty damage limits will not be l	css Limits Quoted
Liability Combined Each Occurance	\$ 1,000,000	1.000,000
Medical Payments per Person	\$ 1,000	NIA
Columbia Insun 3004 Harry St	Ana Ca	
3694 11	Name of Insurance Company	
3034 HVWWid 24	OMALA VE	
I am familiar with the Commission's Rules meets the minimum insurance limits present South Carolina Department of Insurance to	and Regulations relating to insurabled. The insurance company ma	ICE requirements and the shows more
Date	Authorized Insurance Compan	y Representative's Signature
NOTICE: If you wish to self-insure your motor vehicle Ann. Sections 56-9-60 and 58-23-910. For r Vehicles at (803) 896-8457.  If you wish to apply as a self-insured for wo the South Carolina Worker's Compensation bond or letter-of-credit with the WCC for a r 3) agree to pay an annual assessment to the s WCC Self-insurance Division at (803) 737.	wkar's compensation coverage in \$ Commission (WCC) provided that	South Carolina you may do so with the you will be able to: 1) post a surety

WCC Self-Insurance Division at (803) 737-5712 or on the web at www.wcc.state.sc.us/self-insurance.

### Exhibit Fit, Willing, and Able (FWA)

		Name		
Ţ	J.S.D.O.T No.		ICC No.	
○ Yes	any outstanding judgn		oplicant?	
Is Applicant familia carrier operations in statutes and regulat	a boam boam Calolii	d regulations, includina, and does Applicar	ling safety regulations and governing for-hi	re motor
• Yes	O No			
	of the Commission's	insurance requiremen	ents and the insurance premium costs associ	ated
• Yes	O No			

### Exhibit on Driver and Assistant Driver Qualifications

<b>l</b> .	Applic	ant has read and unde	erstan	ds Commission Regulation 103-133(8).	
	•	Yes	0 1	No	~~
2.	issued	ant has on file a certi by the SC DMV and is or has been domici	such	copy of the driver's and assistant driver's records from the DMV of the state in whor such period.	three (3) year driving records sich the driver or the assistant
	•	Yes	0	No	_
3.		cant has obtained and sistant driver live.	retair	ned the criminal history background chec	eks from the state where the driver
	•	Yes	0	No	مر
4.	such o	cant understands that operation valid drivers istant driver.	all dr s' lice	ivers and assistant drivers must have in to nses issued by the SC DMV or the current	heir possession at the time of nt state of residence of the driver
	•	Yes	0	No	<b>,</b>
5.	assista	ant drivers who are re	gister	retcher van certificate holders are prohib red, or required to be registered, as sex of n or any national registry of sex offenders	ffenders with the South Carolina
	•	Yes	0	No	
6	First A	Aid certification or an am that meets or exce	Ame	retcher van drivers and assistant drivers or care and East and Health Institute certific the certification standards of the Red Cross Cardiopulmonary Resuscitation (CPR) ce	ation, or certification from a ss First Aid or the American Safety
	•	Yes	0	No	
7	. Appli	cant understands that yed every three (3) ye	the d	river's and assistant driver's Red Cross F nd the Adult CPR certification must be re	irst Aid certification must be newed annually.
	•	Yes	0	No	
8	Appli writte	icant understands that en statement from a lic	an in	dividual must not be transported in a street description in the physician prohibiting transportation in	tcher van if the individual has a a stretcher van.
	•	Yes	0	No	
				7 of 9	

#### PUBLIC SERVICE COMMISSION OF SOUTH CAROLINA POST OFFICE DRAWER 11649 COLUMBIA, SOUTH CAROLINA 29211

Applicant is familiar with the provision of S.C. Code Ann. §58-23-10, et seq.(1976), and amendments thereto, and R.103-100 through R.103-241 of the Commission's Rules and Regulations for Motor Carriers (Volume 26, S.C. Code Ann. Regs., 1976), and R.38-400 through R.38-503 of the Department of Public Safety's Rules and Regulations for Motor Carriers (Volume 23A, S.C. Code Ann., 1976) and amendments thereto, and hereby promises compliance therewith.

S.C. Code Ann. Section 58-3-250 states, in part, that every final order of the Commission must be served by electronic service, registered or certified mail, upon the parties to the proceeding or their attorneys.

### Please check the applicable box:

The Applicant AGREES to receive future Commission orders related to the Applicant's authority in South Carolina through the Commission's eService System. The Applicant authorizes the Commission to serve its orders by using the email address as it appears on page one of this Application. To sign up for eService notifications, please visit www.psc.sc. gov to create a My DMS account.

The Applicant DOES NOT AGREE to receive future Commission orders related to the Applicant's authority in South Carolina through the Commission's eService System.

The Applicant for the Certificate of Public Convenience and Necessity as set forth in the foregoing, swear or affirm that all statements contained in the above application are true and correct.

Applicant's Signature

OWNER

Title of Applicant (e.g. President, Owner, etc.)

STATE OF SOUTH CAROLINA

COUNTY OF DILLAN

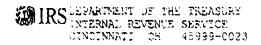
SWORN TO BEFORE ME

This day of CAROCY, 2014

Notary Public

ANY COMMERCION EVENTS

Commission Expires MY COMMISSION EXPIRES 07-08-2016



Date of this notice: 06-17-2014

1 Number:

EXTREME MEDICAL TRANSPORT OF THE CAROLINAS LLC JAMES WOODS MBR PO BCX 863 DILLON, SC 29536 Number of this notice: CP 575 B

For assistance you may call us at: 1-800-829-4933

IF YOU WRITE, ATTACH THE STUB AT THE END OF THIS NOTICE.

#### WE ASSIGNED YOU AN EMPLOYER IDENTIFICATION NUMBER

Thank you for applying for an Employer Identification Number (EIN). We assigned you EIN This EIN will identify you, your business accounts, tax returns, and documents, even if you have no employees. Please keep this notice in your permanent records.

When filling tax doluments, payments, and related correspondence, it is very important that you use your RIN and complete name and address exactly as shown above. Any variation may cause a delay in processing, result in incorrect information in your account, or even cause you to be assigned more than one EIN. If the information is not correct as shown above, please make the correction using the attached tear off stub and return it to us.

Based on the information received from you or your representative, you must file the following form(s) by the date(s) shown.

Form 1965

04/15/2015

If you have questions about the form(s) or the due date(s) shown, you can call us to the phone number or write to us at the address shown at the top of this notice. If you need help in determining your annual accounting period (tax Accounting Periods and Methods.

We assigned you a tax classification based on information obtained from you or your representative. It is not a legal determination of your tax classification, and is not binding on the IRS. If you want a legal determination of your tax classification, you ray request a private letter ruling from the IRS under the guidelines in Revenue Procedure 2004-1, 2004-1 I.R.B. 1 (or superseding Revenue Procedure for the year at issue). Note: Certain tax classification elections can be requested by filling Form 8932, Entity Classification Election. See Form 8832 and its instructions for additional information

A limited liability company (LLC) may file Form 8832, Entity Classification Election, and elect to be classified as an association taxable as a corporation. If the LLC is eligible to be treated as a corporation that meets certain tests and it will be electing 5 corporation status, it must timely file form 2553, Election by a Small Business Corporation. The LLC will be treated as a corporation as of the effective date of the 5 corporation election and does not need to file Form 8832.

To obtain tax forms and publications, including those referenced in this notice, visit our Web site at www.irs.gov. If you do not have access to the Internet, call 1-800-829-3676 (TTY/TDD 1-800-829-4059) or visit your local IRS office.

WIRS USE DULLY 575B

-06-17-2014 EXTR B \$99999999 \$8-4

#### IMPORTANT REMINDERS:

- \* Keep a copy of this notice in your permanent records. This notice is issued only one time and the IRS will not be able to generate a duplicate copy for you. You may give a copy of this document to anyone asking for proof of your EIN.
- \* Use this EIN and your name exactly as they appear at the top of this notice on all your federal tax forms.
- Refer to thin BIN on your tax-related correspondence and documents.

If you have questions about your EIN, you can call us at the phone number or write to us at the address shown at the top of this notice. If you write, please tear off the stub at the bottom of this notice and send it along with your letter. If you do not need to write us, do not complete and return the stub.

Your name control associated with this EIN is EXTR. You will need to provide this information, along with your EIN, if you file your returns electronically.

Thank you for your cooperation.

Keep this part for your records.

CP 575 B (Rev. 7-2007)

Roturn this part with any correspondence so we may identify your account. Please correct any errors in your name or address.

CP 575 B

999999999

Your Telephone Number Best Time to Call DATE OF THIS NOTICE: 06-17-20 ( ) -

EMPLOYER IDENTIFICATION NUMBER FORM: SS-4 NOBOD

INTERNAL REVENUE SERVICE CINCINNATI OR 45999-C023 Mahhhahhakalladaanhlallahla

EXTREME MEDICAL TRANSPORT OF THE CAROLINAS LLC JAMES WOODS MBR PO BOX 863 DILLON, SC 29536

#### STATE OF SOUTH CAROLINA SECRETARY OF STATE

### ARTICLES OF ORGANIZATION

Limited Liability Company - Domestic Filing Fee - \$110.00

AS TAKEN FROM AND COMPARED WITH THE ORIGINAL ON FILE IN THIS OFFICE

JUN 1 9 2014

### TYPE OR PRINT CLEARLY IN BLACK INK

The undersigned delivers the following articles of organization to form a South Carolina limited liability

EXTREME MEDICAL TO	iability company (Company ending must be	meruded in name")
ENTREME MEDICAL TRA	ANSPORT OF THE CAROLINAS, LLC	
"limited liability compan "LC", or "Ltd. Co."	nc limited liability company must contain only or "limited company" or the abbreviate	ne of the following ending ion "L.L.C.", "LLC", L.C
The address of the initial d	designated office of the limited liability comp.	any in South Counting to
2538 HIGHWAY 301 S	S and indired hability could	any ni south Carolina is
	Street Address	
DILLON		29536
City		Zip Code
The initial agent for service	e of process is	
JAMES WOODS		
Name	Signature of Agent	
and the street address in So.		
2538 HIGHWAY 301 S	outh Carolina for this initial agent for service of	of process is
2000 HIGHWAY 301 S	Street Address	·
DILLON	Street Address	20000
City		29536 Zip Code
List the name and addense of	fanah ayar i	
than one.	of each organizer. Only one organizer is requ	ired, but you may have mo
(a) JAMES WOODS		
2538 HIGHWAY 301 S		
Street Address		
	sc	29536
DILLON	30	Zip Code
City	State	
City		
(ity (b)		
(Tity		
(b) Name Street Address	140619 0180	LED: 08/19/2014 RANSPORT OF THE CAROLINA ING Fee: \$110,00 ORIG

a Secretary of State

[1] Check this box only if the company is ompany, provide the term specified.	to be a term company. If the	company is a term
[ ] Check this box only if management of nanagers. If this company is to be managed nitial manager.	f the limited liability company d by managers, include the na	is vested in a manager of me and address of each
3) Name		
Sirect Address		
City	State	Zip Code
City	,	
Name		
Stree: Address		
City  [ ] Check this box only if one or more of and obligations under §33-44-303(c). If or and for which debts, obligations or liabilities.	es such members are liable in	pie, specity watch methi
City  [ ] Check this box only if one or more or and obligations under \$33-44-303(c). If or	of the members of the company the or more members are so lia es such members are liable in the to be completed.	y are to be liable for its d ble, specify which memb their capacity as membe
City  [ ] Check this box only if one or more of and obligations under §33-44-303(c). If or and for which debts, obligations or liability. This provision is optional and does not have the control of the	of the members of the company the or more members are so lia es such members are liable in the to be completed.  If these articles will be effectively ed effective date and time.  I law which the organizers det mitted to be set forth in the lint is separate attachment. Please	y are to be liable for its d ble, specify which member their capacity as member we when endorsed for file ermine to include, include nited liability company
City  [ ] Check this box only if one or more of and obligations under §33-44-303(c). If or and for which debts, obligations or liabilities. This provision is optional and does not have Unless a defayed effective date is specified by the Secretary of State. Specify any delay the Secretary of State. Specify any delay other provisions not inconsistent with any provisions that are required or are performed agreement may be included on a	of the members of the company the or more members are so lia es such members are liable in we to be completed.  If, these articles will be effective ayed effective date and time.  I law which the organizers determitted to be set forth in the line is separate attachment. Please	y are to be liable for its d ble, specify which member their capacity as member we when endorsed for file ermine to include, include nited liability company
City  [ ] Check this box only if one or more of and obligations under §33-44-303(c). If or and for which debts, obligations or liabilitie. This provision is optional and does not have Unless a delayed effective date is specified by the Secretary of State. Specify any delayed other provisions not inconsistent with any provisions that are required or are performed agreement may be included on a section if you include a separate attachment.	of the members of the company ne or more members are so lia es such members are liable in ve to be completed.  If these articles will be effectively date and time.  I law which the organizers determitted to be set forth in the line is separate attachment. Please int.	y are to be liable for its d ble, specify which member their capacity as member we when endorsed for file ermine to include, include nited liability company